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FACSIMILE COVER SHEET

TO: Examiner Liliana Di Nola Baron
Group Art Unit 1615
U.S. Patent and Trademark Office

FROM: Lawrence S. Perry

RE: US Serial No. 10/010,154
Our Docket No. 02139.000027

FAX NO.: (703) 746-3954

DATE: January 22, 2004

NO. OF PAGES: 13
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P.O. Box 1450
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Date 9 / 17 / 03
Mo. Day Yr.
Atty. Docket 02139.000027
Application No. 10/010,154

Sir:

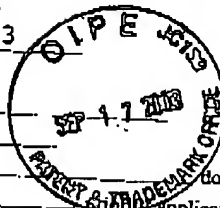
Kindly acknowledge receipt of the accompanying:

☒ Response to Official Action. June 18, 2003☒ Check for \$ 252.00 (claims fee)☐ Petition under 37 CFR 1.136 and Check for \$ _____☐ Notice of Appeal and Check for \$ _____☐ Information Disclosure Statement, PTO-1449 and _____☐ Claim for priority and certified copies of _____☐ Issue fee transmittal and Check for \$ _____☐ Other (specify) _____

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Atty. LSP/ac

Due Date 9 / 18 / 03
Mo. Day Yr.



documents

applications

00-C-9101

In re Application of:

Docket No. 02139.000027

RYUSUKE NAKAGIRI, ET AL.

Application No.: 10/010,154

Examiner: Liliana Di Nola Baron

Filed: December 10, 2001

Group Art Unit: 1615

For: LIVER FUNCTION PROTECTING
OR IMPROVING AGENT

Date: September 16, 2003

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 11	MINUS	** 117	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 10	MINUS	*** 7	= 3	x \$42 \$84	\$252.00
Fee for Multiple Dependent claims \$140°/\$280						Previously Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$252.00


* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 252.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Lawrence S. Perry
Registration No. 31,865

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VC
3/18/04

02139.000027

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Liliana Di Nola Baron
RYUSUKE NAKAGIRI, ET AL.)	
	:	Group Art Unit: 1615
Application No.: 10/010,154)	
	:	
Filed: . December 10, 2001)	
	:	
For: LIVER FUNCTION PROTECTING)		September 16, 2003
OR IMPROVING AGENT	:	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated June 18, 2003 (Paper No. 4), please
amend the application as follows: